FORM A
DOCUMENT IMAGING SERVICES

Carbon Lehigh Intermediate Unit
Management Information Services

Document Imaging

Carbon Lehigh
Intermediate Unit #21
4210 Independence Drive
Schnecksville, PA 18078-2580
Helping Children Learn
"CLIU is a service agency committed to Helping Children Learn."

Please complete Client A section ONLY to obtain an estimated cost of project.

Print form and fax to David Russell, 610-769-1290 or
Complete form and select **EMAIL TO CLIU** button to submit form.

NOTE: Box weight limit is 50 lbs. Boxes over 50 lbs. will not be accepted.

CLEAR FORM | Email to CLIU

CLIENT A

Client Name/Address	Date	Phone #

Title/Position	Location/Room #	School Code

Name of Project	# of Boxes	# of Folders per Box	Approx. # of Pages per Folder

Please check below to verify:

☐ Client understands it is responsible for the integrity of all documentation. CLIU #21 is not responsible for contents. _____Initial

☐ Client is required to verify completed project database documentation within 3 months upon receipt. _____ Initial

Prep Work Completed by Client

☐ All staples will be removed. ☐ Paper edges flatten.
☐ All paper clips will be removed. ☐ Ripped papers taped.
☐ All duplications will be removed.
☐ All folders will be counted and verified with above #.
☐ I understand **A detailed list must be included in each box.**

Client is requesting CLIU Document Imaging Department to process, at an additional cost:

☐ Prep work (staples, paper clips, edges, rips, duplications)
☐ Scan small notes with work.
☐ Copy any information on outside folder.
☐ Other _____

Delivery/Pickup _____Yes, *at an additional cost* _____No

Location for Deliveries:

Budget Code (Required):

I would like my documentation:

☐ Shredded ☐ Originals returned to above location
☐ 30 day storage ☐ 90 day storage

Special Requests:
I am requesting the CLIU Document Imaging Department to do the following:

Work Indexed to include up to 2 fields at no cost:

☐ Name ☐ Date of Withdrawal File
☐ Date of Birth ☐ Closing Date
☐ Date of Graduation ☐ Social Security Number *(where applicable)*
☐ Other_____

For additional fields, a $.03 line charge will be added to cost per line/per record

☐ Additional fields_____

Batch # _____

Do Not Write Below – For CLIU #21 Staff Only

☐ Prep Work - $19.00/hr x _____ = _____
☐ Scanning/Indexing - $.13/image x _____(images) = _____
☐ Copy Charge – $.029/image x _____(images) = _____
☐ Data Storage - $62.00 per 15,000 images x _____(quantity) = _____
☐ Data Retention (Non-Perpetual) - $62.00 x _____(quantity) = _____
☐ Discretionary Prep Work - $19.00/hr x_____(hours) = _____
☐ Additional Index Charge: $.03/per line/per folder x_____(folders) = _____

☐ IU Transport – Pickup (Travel Zone ____)/ Delivery (Travel Zone ____)
Total Travel = _____
☐ Disposal/Shredding - $12.00/hr x _____(hours) = _____
☐ 30 day storage for Disp/Shred - $3.00/box x _____(quantity) = _____
☐ 90 day storage for Disp/Shred - $7.00/box x _____(quantity) = _____
☐ Outsource CDExpress DB Addition x _____(quantity) = _____
☐ Outsource CDExpress CD Burn x _____(quantity) = _____

ESTIMATED COST OF PROJECT $_____ Date Estimate Sent to Client_____

CLIENT B

The estimated cost listed above is good for 30 days, after 30 days it will be void. I agree to the above noted and understand the cost of the project is an estimate until the final bill is sent to client. Please sign and return to David Russell, CLIU #21, Document Imaging, 4210 Independence Drive, Schnecksville, PA 18078; Email: russelld@cliu.org; or Fax: 610-769-1290 within ten days (10) of receipt. Thank you.

_____ _____
Signature of Client Date

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